

# Go Paperless

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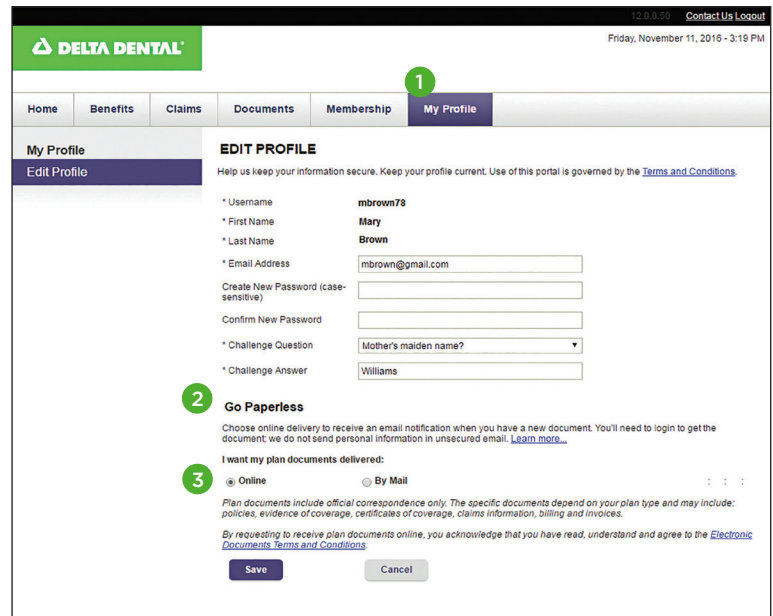
## Why go paperless?

- **It's convenient.** Get your claim statements, pre-treatment estimates and other important plan documents online. You'll get an email alert every time a new document is available.
- **It saves paper.** You'll reduce your ecological footprint.
- **It's faster.** No need to wait for "snail mail."
- **It's easy.** Updating your settings takes only a few moments.

## How do I change my settings?

Visit [deltadentalins.com](http://deltadentalins.com). Log in to your account. (If you don't already have one, click **Register Today** to sign up.)

1. Click on the **My Profile** tab.
2. Go to the **Go Paperless** section
3. Select **Online** and click **Save**.

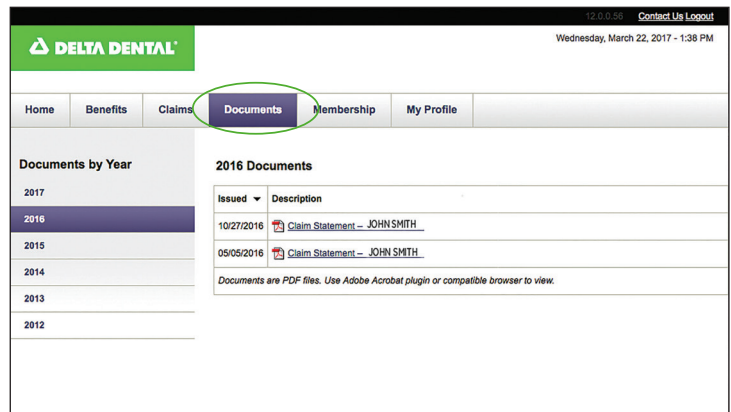


Turn the page to learn how to download and read your electronic claims statements.

## Where can I find my claims?

To view your claim statements as PDFs, simply log in to your online account.

1. Go to **deltadentalins.com**. Log in.
2. Click on **Documents** tab at the top.
3. Choose the claim you want to view. A new window will pop up with the PDF, which you can save to your desktop for reference. (If the window does not pop up, make sure your browser has not disabled pop-ups.)



**Note:** You can also see claim information listed under the **Claims** tab, although this feature does not allow you to download the full statement in PDF form.

## What's in my claim statement?

#1	Claim number: 20160255494511	A	B	C	D	E	F	G	H
PROCEDURE NUMBER AND TYPE OF SERVICE		SUBMITTED FEE (\$)	ACCEPTED FEE (\$)	MAXIMUM CONTRACT ALLOWANCE (\$)	AMOUNT APPLIED TO DEDUCTIBLE (\$)	PAID BY ANOTHER PLAN (\$)	CONTRACT BENEFIT LEVEL	DELTA DENTAL PAYS (\$)	PATIENT PAYS (\$)
Date of service: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 30    Surface(s): B,O		280.00	255.00	255.00	0.00	--	80%	204.00	51.00
		Treating provider: JANICE LEE							
Date of service: January 1, 2016 Treatment type: Restorative (D2393) RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH Tooth: 31    Surface(s): D,O		280.00	255.00	255.00	0.00	--	80%	204.00	51.00
		Treating provider: JANICE LEE							
Claim total for JOHN SMITH		560.00	510.00	510.00	0.00	0.00		408.00	102.00

**A. Submitted fee:** The amount charged by the dental office.

**B. Accepted fee:** The total owed to the dentist, including your share and the amount paid by insurance.

**C. Maximum contract allowance:** The total on which Delta Dental bases its payment portion.

**Note:** If you go to an out-of-network dentist, this amount may be lower than the accepted fee.

**D. Amount applied to deductible:** How much of your deductible you have fulfilled with the given procedure(s).

**Note:** Not all plans include a deductible (a fixed dollar amount you are required to pay before your coverage applies).

**E. Paid by another plan:** The amount covered by your primary plan, if you have dual coverage.

**Note:** This column only applies if Delta Dental is your secondary plan (such as coverage through your spouse or second job).

**F. Contract benefit level:** The percent of the maximum contract allowance that's paid by your dental plan.

**G. Delta Dental pays:** The amount your dentist is paid through your current dental plan.

**H. Patient pays:** How much you owe the dentist: This is what's left over from the accepted fee after your insurance covers its portion(s).